

## Same Day (Wire) Transfer Request

|  | Amount of Transfer                                      | Time                         |
|--|---|------------------------------|
| Come Devilation Transfer [7](\$40.00)  | \$  |                              |
| Same-Day/Wire Transfer (\$10.00) Member Name   |   | Date                         |
| Weinber Hame   | Account Named Same                                      |                              |
|  | -   |                              |
| Member Address   |   |                              |
|  |   |                              |
| → <b>TO:</b> Name of Receiving Bank  | Routing Number/ABA#                                     |                              |
|  |   |                              |
|  |   |                              |
| Address of Receiving Bank  |   |                              |
|  |   |                              |
| → <b>FURTHER CREDIT TO:</b> Name of Receiving Bank   | Routing Number/ABA#                                     |                              |
|  |   |                              |
| Address of Description Develo  |   |                              |
| Address of Receiving Bank  |   |                              |
|  |   |                              |
| → <b>FINAL CREDIT TO:</b> Name of Beneficiary  | Account Number  |                              |
|  |   |                              |
| Address of Panafisiany   |   |                              |
| Address of Beneficiary   |   |                              |
|  |   |                              |
| Instructions:  |   |                              |
|  |   |                              |
|  |   |                              |
| I authorize Consumers Professional Credit Union to deduct my payment fron<br>information is correct and I acknowledge responsibility for any errors resulti      |   | •                            |
| Credit Union to use any means it deems suitable for the transmission of the  | <del>-</del>  |                              |
| credit union acts only as an agent. I hereby release the credit union from all ordinary care, failure to act in good faith, or failure to act in accordance with |   |                              |
| beneficiary both by name and an identifying bank account number, and the   |   | •                            |
| be made solely on the basis of the number. The FedWire system or Alloya C  |   |                              |
| Credit Union or Western Union may be used for international remittances. I financial institutions involved in the transfer of the funds. Electronic funds t      |   |                              |
| Reserve observes as a holiday will be processed the following business day.  |   | •                            |
| the State of Michigan's Uniform Commercial Code (UCC) Article 4A. As the comply with all National Automated Clearing House Association (NACHA) op                |   |                              |
| Comply with an National Automated Cleaning House Association (NACHA) op  | erating rules for payments processed through one of mor | e Automateu Cleaning Houses. |
| MEMBER'S SIGNATURE:  | DATE:   |                              |
| TELEPHONE NUMBER(S):   |   |                              |
|  |   |                              |
|  |   |                              |
| CREDIT UNION USE ONLY  |   |                              |
| Method of Request: In Person Phone Other   | Receiving Employee Initials                             |                              |
| Security Questions:  | OFAC:   |                              |
| 1  | Confirming Employee:                                    |                              |
|  |   |                              |
| 2\$  | Fee:  |                              |